

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7029

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 308	
1. PLACE OF DEATH a. COUNTY <i>St. Louis Mo</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MO.</i> b. COUNTY <i>MAI</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Nash Airport Township</i>		c. LENGTH OF STAY (in this place) <i>1 year 13 days</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS MO</i>		1 0 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Jewish Sanatorium, Robertson Mo</i>				d. STREET ADDRESS (If rural, give location) <i>1438 EAST GRAND BLVD.</i>			
3. NAME OF DECEASED (Type or Print) <i>Rebecca Schiller</i>				4. DATE OF DEATH (Month) (Day) (Year) <i>February 8 1949</i>			
5. SEX <i>female</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widow</i>		8. DATE OF BIRTH <i>Unknown</i>	
9. AGE (in years last birthday) <i>about 64</i>		10. MONTHS <i></i>		11. DAYS <i></i>		12. HOURS <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Homework</i>		11. BIRTHPLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY? <i>U</i>	
13a. FATHER'S NAME <i>Abraham Stofsky</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>LATE MORRIS SCHILLER</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Al. Goldberg 1340 BELT AVE.</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <i>recurrent since 1 1/2 years</i>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>pulmonary congestion and general edema</i>				DUE TO (b) <i>hypertension and arteriosclerotic heart disease</i>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <i>Nephrosclerosis</i>				DUE TO (d) <i>diabetes mellitus</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>442X</i>				8 months			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>61</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>January 27, 1949</i> , to <i>February 8, 1949</i> , that I last saw the deceased alive on <i>February 8, 1949</i> , and that death occurred at <i>1:55 P.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Adel Newman M.D.</i>				23b. ADDRESS <i>Jewish Sanatorium Robertson Mo</i>		23c. DATE SIGNED <i>Feb 9 1949</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>FEB 10-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>CHEURA KADISHA</i>		24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS COUNTY MO.</i>	
DATE REC'D BY LOCAL REG. <i>2/9/49</i>		REGISTRAR'S SIGNATURE <i>Theresa B. Lunn</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Oxendoller 5010 Enright Ave.</i>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. J. Oxenbandler

Licensed Embalmer No. 3669

P. O. Address 5010 Enright Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.